## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10 536934

| CLAIMS AS FILED - PART I  |  |   |  |                                   |              |                                   | SMALL ENTITY TYPE                       |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--|-----------------------------------|--------------|-----------------------------------|---|------------------------|----|----------------------------|------------------------|
| US  | NATIONAL :                                     | STAGE FEES                                | (Column                                      | 11)                               | (            | Column 2)                         | RATE                                    | FEE                    | 1  |                            | T                      |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150                          |                                   | LADO         | 25 5UT - 6 200                    | BASIC PEE                               | FEE                    |    | RATE<br>BASICHEE           | FEE                    |
|   |  |   |  |                                   |              | GE ENT. = \$ 300 her situations = |   |                        | OR | BASICHEE                   | 360                    |
| EXAMINATION FEE   |  |   | (4) = \$50/\$100<br>U.S. is ISA = \$50/\$100 |                                   |              | 100 / \$ 200                      | EXAM FEE 3                              |                        |    | EXAMPLE D                  | 200                    |
| SEARCH FEE  |  |   | U.S. IS ISA = \$ ALL other cou \$ 200 / \$   | intries =                         |              | her situations = 5 250 / \$ 500   | 264 2/2641<br>SEARCH FEE                |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu   | us 100 =                          |              | / 50 =                            | X\$ 125 =                               |                        |    | X \$ 250 =                 | . /                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 minus 20 = .                              |                                   |              | /                                 | X \$ 25 =                               |                        | OR | X \$ 50 =                  | /                      |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                                    |                                   |              | /                                 | ×\$100 =                                |                        | OR | X \$ 200 =                 | /                      |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT  |                                   |              |                                   | + \$ 180 =                              |                        | OR | +\$ 360 =                  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |  |                                   |              | olumn 2                           | TOTAL                                   |                        | OR | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |  |                                   |              |                                   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                            |                        |
| AMENDMENT A   | ,  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUME<br>PREVIO<br>PAID I          | BER<br>BUSLY | PRESENT<br>EXTRA                  | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                                |              | =                                 | X \$ 25 =                               | :                      | OR | X \$ 50 =                  | . , .                  |
|   | Independent                                    | *   | Minus  | ***                               |              | =                                 | X \$ 100 =                              |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                   | + \$ 180 =                              |                        | OR | + \$ 360 =                 |                        |
|   |  |   |  |                                   |              |                                   | TOTAL ADDIT. FEE                        |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |  | (Colum                            | nn 2)        | (Column 3)                        |   |                        |    |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA                  | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                                |              | =                                 | X \$ 25 =                               |                        | OR | X \$ 50 =                  |                        |
|   | independent                                    | *   | Minus  | ***                               | •            | =                                 | X \$ 100 =                              |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                   | + \$ 180 =                              |                        | OR | + \$ 360 =                 |                        |
| TOTAL ADDIT.<br>FEE   |  |   |  |                                   |              |                                   |   |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |  |   |  | -                                 |              | •                                 |   |                        |    |                            |                        |

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.